PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10686679

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER		
TOTAL CLAIMS			19		(COIL	11111 2}]. ,			OR 7	SMALL		
			· · · · · · · · · · · · · · · · · · ·					RATE	FEE	┨	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			14 minus 20=		• 0		1	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		D			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESE				T 				+145=		OR	+290=		
* 11	the difference	less than ze	ess than zero, enter "0" in		column 2	•	TOTAL		OR	TOTAL	770		
CLAIMS AS AMENDED - PART II											OTHER		
(Column 1) (Column 2						(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	8/22/06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	• 7	Minus	• 6	Ø	=		X\$ 9=	\ /	OR	X\$18=		
AME	Independent	* /	Minus	PENIDENT	CL AIRA	= 1	! [X43=	V	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							_ A	TOTAL DDIT. FEE	/ 1	OR ,	TOTAL ADDIT. FEE	/	
		(Column 1)	,	(Colun		(Column 3)	_						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	_	=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=	 	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		┚┞	+145=			+290=		
							L	TOTAL		OR	TOTAL		
		•					A	DOIT FEE		OR ,	DOIT. FEE		
_		(Column 1) CLAIMS		(Colum		(Column 3)				_			
AMENDIMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		z		X43=			X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		 -			OR			
• If the entry in column 1 is I so than the intry in column 2, write "0" in column 3.								+145=		OR	+290=		
***!!	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOROR												